

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sawynok et al.

Title: USE OF TRICYCLIC
ANTIDEPRESSANTS FOR LOCAL
ANALGESIA

Appl. No.: 09/700,625

Filing Date: February 1, 2001

Examiner: T. Ware

Art Unit: 1615

CERTIFICATION

I hereby certify that the documents referred to as enclosed herein are being sent via Federal Express for next business day delivery to: Commissioner for Patents, Washington, D.C. 20231, Attn: Examiner Todd D. Ware, 7th Floor Reception, 1911 S. Clark Place, Crystal Mall 1, Arlington, VA 22202

Stephen E. Reiter

Name of person mailing paper


Signature

August 20, 2002

Date

Commissioner for Patents
Washington, D.C. 20231
BOX AF

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[X] Supplemental Declaration Under 37 C.F.R. § 1.131 is enclosed.

[X] Return Receipt Postcard is enclosed.

[X] The fee required for additional claims is calculated below:

RECEIVED
TECH CENTER 1600
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1600/2900

Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims: 16	- 71	= 0	x \$18.00 =	\$0.00
Independents: 2	- 6	= 0	x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00 = \$0.00
CLAIMS FEE TOTAL:				= \$0.00

Atty. Dkt. No. DALHO1290-1
(028614-1102)

[] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$110.00	\$0.00
[] Extension for response filed within the second month:	\$400.00	\$0.00
[] Extension for response filed within the third month:	\$920.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,440.00	\$0.00
[] Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:	\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:	\$0.00
[X]	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$0.00

[] Please charge Deposit Account No. 50-0872 in the amount of \$ _____.

[] A check in the amount of \$ _____ is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: August 20, 2002

By 

FOLEY & LARDNER
P.O. Box 80278
San Diego, California 92138-0278
Telephone: (858) 847-6711
Facsimile: (858) 792-6773

Stephen E. Reiter
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